SERIOUS INJURY

State of Connecticut Department of Public Safety / Division of State Police	
State Police Troop: A Case Nu	mber: DPS- 05-011112 Notations: Traffic:
Investigating Trooper: Saraceno # 1265 Date: 0	03/02/05 Time: 0913 hrs
No. & Type of Veh's Involved: 1 car 1 Truck Related in (Passenger Car, Truck, Bus, Etc.)	
Town / City: Danbury Location	of Accident: I-84 westbound Exit 2 off ramp
Utility Pole Name & Number (If Applicable):	Other (Specify):
Oper#1:Tirrell, Seth, P	
DOB:10/22/70 Gender: ⊠ M □F	DOB: <u>04/19/81</u> Gender: ⊠ M □F
Address: 514 Peter Rd	Address: 40B Fordyce Rd
	8Town: New Milford State: CT Zip: 06774
Орег. Llc. # 226040139 Туре: В State: СТ	Oper. Lic. # Type: State:
Owner#1: State Of CT, Dept of DOT	
Address: 2800 Berlin Trnpke Newington	
Registration Plate: 21687 State: CT	
Make: Inter Model: Dump Year: 1996	
CDAADEMHAAAFAA	VIN: 2HGEJ6449XH106540
Seatbelt(s): ☑Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☑No ☐N/A Insurance Company: Lexington Ins.	Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No NA Insurance Company: Progresive Northern
Insurance Policy #: 8851101	Insurance Policy #: 52481557 0
Injuries: None	Injuries: Head Trauma
Vehicle Damage: Rear end	Vehicle Damage:
Vehicle Towed: ☑No ☐Yes, Occupant(s): [Name / DOB / Address / Position in Veh]	Vehicle Towed: No Myes, Grand Pri Motors Occupant(s): [Name / DOB / Address / Position in Veh]
	None
None	None
Oper#3:	Oper #4:
Oper #3:	
	DOB: Gender: M F
Address:	Address:
Town: State: Zip:	Town: State: Zip:
Oper. Llc. # Type: State:	Oper. Lic. # Type: State.
Owner #3:	Owner #4:
Address:	Address:
Make: Model: Year:	Make: Model: Year:
VIN:	VIN:
Seatbelt(s): Yes No Airbag: Yes(Deployed Y N) No NA	Seatbelt(s): Yes No Alrbag: Yes (Deployed Y N) No NA
Insurance Company:	Insurance Company:
Insurance Policy#:	Insurance Policy #:
Injuries:	Injuries:
Vehicle Damage.	Vehicle Damage:
Vehicle Towed: No Yes,	Vehicle Towed: ☐No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

Vehicle #1 (DOT Plow Truck) was stopped in the right shoulder of the I-84 westbound exit 2 off ramp.

Vehicle #2 was exiting I-84 westbound at exit 2.

Vehicle #2 lost control and struck the rear portion of vehicle #1 Operator #2 was transported to Danbury Hospital by Danbury EMS. Operator #2 sustained a serious head trauma. Operator #1 was not injured in the accident.

ACCIDENT UNDER INVESTIGATION

				200		
	This	investigation i	s: []O	pen / Continuing	Closed	1125
MEDICAL ATT	ENTION:	To the Approximation				- A -
#I Ambulance	Yes, Company	Danbury	_ No	#2 Ambulance	Yes, Company	No
Patient Name: Op	erator #2	<u> </u>		Patient Name:		1.
Hospital Dan	bury		+	Hospital		/
Injuries Head				Injuries		
#3 Ambulance	Yes, Company		No	#4 Ambulance	Yes, Company	□No
Patient Name:		- 27		Patient Name:		N 8
Hospital		18.14		Hospital		
Injuries			-	Injuries		
FATALITIES: L	o Not Release	Unless Next	of Kin N	Notified		
Name				Name		
Next of Kin Notifie	d? Yes	□No	8	Next of Kin Not	ified? Yes No	/
Name				Name		
Next of Kin Notified	d? Yes	□No		Next of Kin Noti	ified? Yes No	
ENFORCEMEN	T ACTION:					
Arrested	None			Arrested		5700 00 10 10 10 10
Warned	None	1.73	-	Warned		
Supervisor's App	roval Requir	ed: Signatur	e		# Dat	e